SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7044 FOR LINE 24		7051 ORM 3X	
DENTIFICATION NUMBER ▼			
C00341396			

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) MOVEON.ORG POLITICAL ACTION	FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION	C C00341396
Check if 24-hour report 48-hour report New report Amends report fi	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Spoken Hub	10 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 50 W 17th St FI 9	Amount
City State Zip Code	13623.56
New York NY 10011	Transaction ID : SE.46645 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	10 16 / Y Y Y Y Y
Name of Federal Candidate Support O	Office Sought: House District: 00
KAY R HAGAN Oppose	President Senate State: NC
	Disbursement For: Primary General O14
	Other (specify)
Full Name of Payee The Spoken Hub	Date of Public Distribution/Dissemination 10 17 2014
Mailing Address 50 W 17th St Fl 9	Amount
City State Zip Code	18361.52
New York NY 10011	Transaction ID : SE.46646 Date of Disbursement or Obligation
Purpose of Expenditure Phones Category/ Type	10 16 2014
Name of Federal Candidate Support O	Office Sought: House District:00
BRUCE L BRALEY Oppose	President Senate State: IA
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	31985.08
(I) OUDTOTAL (II %)	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Tom Matzzie [Electronically Filed] Date	03 10 2015
Signature	